

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

ADDRESS (number and street) ▼

4965 US Hwy 42

Suite 2000

☐ Check if different than previously reported. (ACC)

Louisville

KY

46220

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00016444

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2015

through

M M M / D D D / Y Y Y Y Y Y
06 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy Swikert MD

Signature of Treasurer

Nancy Swikert MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 06 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		66953.35
(b) Cash on Hand at Beginning of Reporting Period.....	66953.35	
(c) Total Receipts (from Line 19)	26080.07	26080.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	93033.42	93033.42
7. Total Disbursements (from Line 31)	19188.04	19188.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	73845.38	73845.38
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	5		

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

18509.00

18509.00

(ii) Unitemized

6567.00

6567.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

25076.00

25076.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

1000.00

1000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

26076.00

26076.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

4.07

4.07

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

26080.07

26080.07

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

26080.07

26080.07

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	16688.04	16688.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	16688.04	16688.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1500.00	1500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	19188.04	19188.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19188.04	19188.04

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	26076.00	26076.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26076.00	26076.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	16688.04	16688.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	16688.04	16688.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 31
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Ralph Alvarado MD

Mailing Address 3520 McClure Road

City State Zip Code
 Winchester KY 40391

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Winchester Medical Associates

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 16 2015

Transaction ID : SA11AI.5970

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Doctor Ralph Alvarado MD

Mailing Address 3520 McClure Road

City State Zip Code
 Winchester KY 40391

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Winchester Medical Associates

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 15 2015

Transaction ID : SA11AI.6028

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Doctor Donald Barton MD

Mailing Address 1014 Circle Drive

City State Zip Code
 Corbin KY 40701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation
 Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 04 2015

Transaction ID : SA11AI.6053

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 31

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor James F. Beattie Jr, MD

Mailing Address 796 Grider Pond Rd

City

Bowling Green

State

KY

Zip Code

42104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bowling Green Associated Pathologists

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	10	/	2015

Transaction ID : SA11AI.5993

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Doctor David J. Bensema MD

Mailing Address 2108 Woodmont Drive

City

Lexington

State

KY

Zip Code

40502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Baptist Hospital

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	13	/	2015

Transaction ID : SA11AI.6025

Amount of Each Receipt this Period

875.00

Full Name (Last, First, Middle Initial)

C. Doctor Marian E. Bensema MD

Mailing Address 2108 Woodmont Drive

City

Lexington

State

KY

Zip Code

40502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pathology & Cytology Labs

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	13	/	2015

Transaction ID : SA11AI.6026

Amount of Each Receipt this Period

875.00

SUBTOTAL of Receipts This Page (optional)..... ►

2750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 31
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Frank Burns MD

Mailing Address 301 Pepperbush Road

City	State	Zip Code
Louisville	KY	40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		07		2015

Transaction ID : SA11AI.6068

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Doctor J. Gregory Cooper MD

Mailing Address 386 Culpepper Drive

City	State	Zip Code
Cynthiana	KY	41031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Family Care Associates

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		15		2015

Transaction ID : SA11AI.6040

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Doctor Robert H. Couch MD

Mailing Address 10606 Hobbs Station Road

City	State	Zip Code
Louisville	KY	40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Southern Emerg Med Specialists PSC

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2015

Transaction ID : SA11AI.6024

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor John P. Eldridge MD

Mailing Address 534 Fincastle Lane

City State Zip Code
 Ft. Wright KY 41011

FEC ID number of contributing federal political committee.

C

Name of Employer

St. Elizabeth Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 04 / 2015

Transaction ID : SA11AI.6085

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Doctor Gregory Gleis MD

Mailing Address 531 Primrose Way

City State Zip Code
 Louisville KY 40206

FEC ID number of contributing federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 08 / 2015

Transaction ID : SA11AI.6087

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Doctor Linda Gleis MD

Mailing Address VAMC PM & R (117)
 800 Zorn Ave

City State Zip Code
 Louisville KY 40206

FEC ID number of contributing federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 08 / 2015

Transaction ID : SA11AI.6088

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 31

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor William C. Harrison MD

Mailing Address 4045 Foxtail Place

City	State	Zip Code
Owensboro	KY	42303

FEC ID number of contributing
federal political committee.

C

Name of Employer

RIC

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	5

Transaction ID : SA11AI.6065

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kenneth Hughes MD

Mailing Address 1611 Fincastle Road

City	State	Zip Code
Lexington	KY	40502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Ear Nose & Throat

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	5

Transaction ID : SA11AI.6059

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

C. Doctor David S. Kirn MD

Mailing Address 1230 Belmar Ln

City	State	Zip Code
Lexington	KY	40515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	5

Transaction ID : SA11AI.6063

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1525.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Eric Lydon MD

Mailing Address 2000 Long Knife Ct

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Psychiatric Services

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : SA11AI.5972

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Doctor Eric Lydon MD

Mailing Address 2000 Long Knife Ct

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Psychiatric Services

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : SA11AI.6030

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Doctor Eric Lydon MD

Mailing Address 2000 Long Knife Ct

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Psychiatric Services

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : SA11AI.6071

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Eric Lydon MD

Mailing Address 2000 Long Knife Ct

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Psychiatric Services

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2015

Transaction ID : SA11AI.6092

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mrs. Carolyn Martin

Mailing Address 5788 Brookstone Drive

City State Zip Code
Cincinnati OH 45230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : SA11AI.6055

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Doctor Kevin Martin MD

Mailing Address 5788 Brookstone Dr

City State Zip Code
Cincinnati OH 45230-3596

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Cranley Surgical Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : SA11AI.6054

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Mrs. Geraldine Montgomery

Mailing Address 6414 Stinespring Dr

City

Paducah

State

KY

Zip Code

42001-8674

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired - Self

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

03 / 19 / 2015

Transaction ID : SA11AI.5982

Amount of Each Receipt this Period

875.00

Full Name (Last, First, Middle Initial)

B. Doctor Wally Montgomery MD

Mailing Address 117 N 2nd St Ste 2202

City

Paducah

State

KY

Zip Code

42001-0741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

03 / 19 / 2015

Transaction ID : SA11AI.5981

Amount of Each Receipt this Period

875.00

Full Name (Last, First, Middle Initial)

C. Mrs. Kimberly Moser

Mailing Address 3216 High Ridge Dr

City

Taylor Mill

State

KY

Zip Code

41015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2015

Transaction ID : SA11AI.6072

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Mrs. Kimberly Moser

Mailing Address 3216 High Ridge Dr

City

Taylor Mill

State

KY

Zip Code

41015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Homemaker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 15 / 2015

Transaction ID : SA11AI.6094

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Doctor Neal J. Moser MD

Mailing Address 3216 High Ridge Drive

City

Taylor Mill

State

KY

Zip Code

41075

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Elizabeth Physicians

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2015

Transaction ID : SA11AI.6073

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Doctor Neal J. Moser MD

Mailing Address 3216 High Ridge Drive

City

Taylor Mill

State

KY

Zip Code

41075

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Elizabeth Physicians

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 15 / 2015

Transaction ID : SA11AI.6095

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Eric Neils MD

Mailing Address 904 Squire Oaks Dr

City State Zip Code
 Villa Hills KY 41017-1371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Assoc of No KY

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2015

Transaction ID : SA11AI.5994

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Patrick T. Padgett

Mailing Address 8422 Biggin Hill Lane

City State Zip Code
 Louisville KY 40220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Medical Association

Occupation
EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015

Transaction ID : SA11AI.6097

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Doctor Andrew R. Pulito MD

Mailing Address 809 Westchester Drive

City State Zip Code
 Lexington KY 40502

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kentucky

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2015

Transaction ID : SA11AI.5983

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 31
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Steven Reiss MD

Mailing Address 7 Rockledge Drive

City	State	Zip Code
Louisville	KY	40222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Neurological Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	06	/	2015

Transaction ID : SA11AI.5986

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. John Rhodes MD

Mailing Address 3615 Woodside Place

City	State	Zip Code
Louisville	KY	40222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	04	/	2015

Transaction ID : SA11AI.6057

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John Rhodes MD

Mailing Address 3615 Woodside Place

City	State	Zip Code
Louisville	KY	40222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	07	/	2015

Transaction ID : SA11AI.6066

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)..... ►

825.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 31
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Mrs. Rhonda K. Rhodes

Mailing Address 3615 Woodside Place

City	State	Zip Code
Louisville	KY	40222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

Transaction ID : SA11AI.6058

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mrs. Rhonda K. Rhodes

Mailing Address 3615 Woodside Place

City	State	Zip Code
Louisville	KY	40222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2015

Transaction ID : SA11AI.6067

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

c. Doctor George B. Sonnier MD

Mailing Address 6410 Lime Ridge Pl

City	State	Zip Code
Louisville	KY	40222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2015

Transaction ID : SA11AI.5991

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1525.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Donald Swikert MD

Mailing Address 10003 Country Hills Ct

City	State	Zip Code
Union	KY	41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeth Family Practice Residency

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

Transaction ID : SA11AI.5976

Amount of Each Receipt this Period

73.00

Full Name (Last, First, Middle Initial)

B. Doctor Donald Swikert MD

Mailing Address 10003 Country Hills Ct

City	State	Zip Code
Union	KY	41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeth Family Practice Residency

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

Transaction ID : SA11AI.6034

Amount of Each Receipt this Period

73.00

Full Name (Last, First, Middle Initial)

C. Doctor Donald Swikert MD

Mailing Address 10003 Country Hills Ct

City	State	Zip Code
Union	KY	41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeth Family Practice Residency

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

Transaction ID : SA11AI.6075

Amount of Each Receipt this Period

73.00

SUBTOTAL of Receipts This Page (optional)..... ►

219.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Donald Swikert MD

Mailing Address 10003 Country Hills Ct

City State Zip Code
 Union KY 41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeth Family Practice Residency

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015

Transaction ID : SA11AI.6109

Amount of Each Receipt this Period

73.00

Full Name (Last, First, Middle Initial)

B. Doctor Nancy Swikert MD

Mailing Address 10003 Country Hills Ct

City State Zip Code
 Union KY 41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired Physician

Occupation

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11AI.5977

Amount of Each Receipt this Period

73.00

Full Name (Last, First, Middle Initial)

C. Doctor Nancy Swikert MD

Mailing Address 10003 Country Hills Ct

City State Zip Code
 Union KY 41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired Physician

Occupation

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2015

Transaction ID : SA11AI.6035

Amount of Each Receipt this Period

73.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

219.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Nancy Swikert MD

Mailing Address 10003 Country Hills Ct

City State Zip Code
 Union KY 41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired Physician

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015

Transaction ID : SA11AI.6076

Amount of Each Receipt this Period

73.00

Full Name (Last, First, Middle Initial)

B. Doctor Nancy Swikert MD

Mailing Address 10003 Country Hills Ct

City State Zip Code
 Union KY 41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired Physician

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015

Transaction ID : SA11AI.6110

Amount of Each Receipt this Period

73.00

Full Name (Last, First, Middle Initial)

C. Doctor Carolyn Watson MD

Mailing Address 2501 Kentucky Ave

City State Zip Code
 Paducah KY 42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pathology Associates of Paducah PSC

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 11 / 2015

Transaction ID : SA11AI.6069

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

446.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Mitchell Wicker MD

Mailing Address P.O. Box 719

City

Hazard

State

KY

Zip Code

41702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hazard Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2015

Transaction ID : SA11AI.6119

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Doctor Mitchell Wicker MD

Mailing Address P.O. Box 719

City

Hazard

State

KY

Zip Code

41702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hazard Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : SA11AI.6047

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Doctor Mitchell Wicker MD

Mailing Address P.O. Box 719

City

Hazard

State

KY

Zip Code

41702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hazard Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : SA11AI.6079

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Mitchell Wicker MD

Mailing Address P.O. Box 719

City

Hazard

State

KY

Zip Code

41702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hazard Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : SA11AI.6112

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Doctor Mitchell Wicker MD

Mailing Address P.O. Box 719

City

Hazard

State

KY

Zip Code

41702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hazard Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2015

Transaction ID : SA11AI.6113

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Doctor Fred Williams Jr., MD

Mailing Address 100 E Liberty St Ste 400

City

Louisville

State

KY

Zip Code

40202-1434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Endocrine & Diabetes Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2015

Transaction ID : SA11AI.6049

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Mrs. Sally Williams

Mailing Address 100 E Liberty St Ste 400

City

Louisville

State

KY

Zip Code

40202-1434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired - Self

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2015

Transaction ID : SA11AI.6050

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert Zoller MD

Mailing Address 6601 Mint Spring Branch Road

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : SA11AI.6043

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

18509.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 31

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Citizens for Affordable Healthcare

Mailing Address C/O 375 Thomas More Parkway
Suite 209

City State Zip Code
Crestview Hills KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2015

Transaction ID : SA11C.6115

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

1000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Category/
Type

Age Group	Percentage
18-24	100.00
25-34	100.00
35-44	100.00
45-54	100.00
55-64	100.00
65-74	670.00
75+	100.00

Category/
Type

897.01

Category/
Type

670.00

2237.01

2237.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 31

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	5		2	0	1	5		

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Reimbursement for shipping, lapel pins, board meeting expenses

001

Candidate Name

Category/
Type**Transaction ID : SB21B.6004**

Amount of Each Disbursement this Period

3393.84

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				1	5		2	0	1	5		

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Monthly Administration Fee

001

Candidate Name

Category/
Type**Transaction ID : SB21B.6015**

Amount of Each Disbursement this Period

670.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4				1	5		2	0	1	5		

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
April Administration Fee

001

Candidate Name

Category/
Type**Transaction ID : SB21B.6120**

Amount of Each Disbursement this Period

670.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4	7	3	3	.	8	4
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 31

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4				1	5		2	0	1	5		

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Solicitation Mailing and Fedex expenses

003

Candidate Name

Category/
Type**Transaction ID : SB21B.6121**

Amount of Each Disbursement this Period

3211.68

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				1	5		2	0	1	5		

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
May Administration Fee

001

Candidate Name

Category/
Type**Transaction ID : SB21B.6125**

Amount of Each Disbursement this Period

670.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				3	0		2	0	1	5		

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Fedex Charges

001

Candidate Name

Category/
Type**Transaction ID : SB21B.6126**

Amount of Each Disbursement this Period

43.98

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3	9	2	5	.	6	6
---	---	---	---	---	---	---

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Category/
Type

670.00

Category/
Type

29.62

Category/
Type

2075.00

2774.62

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Three 7-segment displays are shown, each with a different number. The first display shows '03', the second shows '05', and the third shows '2015'. Each display has a small 'M' or 'D' or 'Y' label above it, indicating the unit (Month, Day, Year).

Category/
Type

Disbursement For: 2015

☒ Primary ☐ General

☐ Other (specify) ▼

2100.00

MM / DD / YYYY

001

Category/
Type

Disbursement For: 2015

☒ Primary ☐ General

☐ Other (specify) ▼

900.00

Category/
Type

Amount of Each Disbursement this Period

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

3000.00

16671.13

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

The image shows three stylized representations of the date 03/17/2015. Each representation is a 10x10 grid where the digits are formed by black squares. The first grid shows '03', the second shows '17', and the third shows '2015'. The grids are separated by slashes.

Category/
TypeCategory/
TypeCategory/
Type

1000.00

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Robert Stivers for State Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2015

Mailing Address 207 Main Street

City	State	Zip Code
Manchester	KY	40962

Transaction ID : SB29.6133Purpose of Disbursement
Campaign Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KY District:

Full Name (Last, First, Middle Initial)

B. Steve West Campaign Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Mailing Address 202 Vimont Lane

City	State	Zip Code
Paris	KY	40361

Transaction ID : SB29.6010Purpose of Disbursement
Special Election Contribution to Steve West Campaign Fund

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

Steve West Campaign Fund

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Special-General

State: KY District: 27

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00
1500.00